

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

368

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. _____

1. Place of Death: (a) County Pima (b) City or Town Ajo (c) Location New Cornelia Hospital
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days; In Community 4 yrs; In Arizona 4 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Ajo
(If outside city limits write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
(b) If veteran name war None (c) Social Security No. 527-01-1282
(If NONE write the word)

3. (a) FULL NAME James Claude Bridges
4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Ruby P. Dunne 6. (c) Age of husband or wife, if alive 40 yrs.

7. Birthdate of deceased January 24 1897
(Month) (Day) (Year)
8. AGE: Years 43 Months 4 Days 22 If less than one day hrs. _____ min. _____

9. Birthplace Venice Texas
(City, town or county) (State or Country)

10. Usual Occupation Pipe Fitter

11. Industry or Business General and mining

12. Name J. W. Bridges
13. Birthplace Oklahoma
(City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Ruby P. Bridges
(b) Address Ajo, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Ajo, Arizona (c) Date June 17 1940

18. (a) Embalmer's Signature J. J. Lyons
(b) Funeral Director J. J. Lyons
(c) Address Box 281, Ajo, Arizona

19. (a) June 17-1940
(Date received local Registrar)
(b) Dois S. Whitley
(Registrar's Signature)

5M 100% Reg 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 16, 1940
TIME (Hour and minute) 6:50 p.m. M.

21. I hereby certify that I attended the deceased from June 13, 1940 to June 16, 1940
that I last saw him alive on June 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia

Due to Acute Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

3 days

2 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify type of place)

23. Signature J. J. Lyons M.D.

Address Ajo, Ariz. Date signed 6-17-40